USNA INVITATIONAL TRAVEL REQUEST

Privacy Act Statement:
AUTHORITY: 5 U.S.C. 5701-5757, Travel, Transportation, and Subsistence; 10 U.S.C. 135, Under Secretary of Defense (Comptroller); 10 U.S.C. 136, Under Secretary of Defense (Personnel and Readiness); DoD Directive 5100.87, Department of Defense Human Resources Activity; Secretary of the Navy; DoD Financial Management Regulation 7000.14-R, Vol. 9, Travel Policies and Procedures; DoD Directive 4500.09E, Transportation and Traffic Management; DoD 4500.9-R, Defense Transportation Regulation, Parts I-V; 41 C.F.R. 300-304, Federal Travel Regulation; Joint Federal Travel Regulation (Vol. 1) (Uniformed Service Members); Joint Travel Regulation (Vol. 2) (DoD Civilian Personnel); E.O. 9397 (SSN), as amended; and **DHRA 08 DoD**.
PRINCIPAL PURPOSE: Non-government employees (to include dependents) requiring official travel will be required to provide the necessary information for the processing of an official travel request. Information will be used to provide for the reimbursement of travel expenses incurred by individuals while traveling on official business; and to create a tracking system whereby DoD can monitor the authorization, obligation, and payment for such travel.
ROUTINE USES: To Federal and private entities providing travel services for purposes of arranging transportation and lodging for those individuals authorized to travel at government expense on official business. To the Internal Revenue Service to provide information concerning the pay of travel allowances which are subject to federal income tax. To banking establishments for the purpose of confirming billing or expense data.
DISCLOSURE: Voluntary; however, failure to provide all of the requested information may preclude the processing of both the travel request and the claim for reimbursement.

NAME MUST MATCH FULL NAME LISTED ON THE ID PRESENTED TO TSA AT THE AIRPORT

1. LAST NAME:	2. FIRST NAME:	3. MIDDLE INITIAL:
4. TITLE:	5. EMAIL ADDRESS:	6. SSN:

7. ☐ DTS PROFILE HAS BEEN COMPLETED.

8. USNA POC:

9. DATE OF REQUEST:

10. DEPARTURE DATE:

11. JUSTIFICATION FOR LATE SUBMITTAL *(Less than 10 days before travel):*

12. DEPARTMENT HEAD INITIALS:

13. TRIP PURPOSE:

14. NAME OF CONFERENCE/MEETING/TRAINING:

15. EXPLAIN HOW THIS TDY BENEFITS THE USNA:

16. IF DIFFERENT THAN DTS PROFILE, PLEASE PROVIDE EMERGENCY CONTACT INFORMATION:

17. EMERGENCY CONTACT NAME:

18. EMERGENCY CONTACT PHONE:

TDY SITE
ITINERARY *(Include Leave Locations)*

19. DATE:	FROM:	TO:	PREFERRED DEPARTURE TIME OR	PREFERRED ARRIVAL TIME OR	TRAVEL STATUS *Official or Leisure*

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MANDATORY USE OF CTO

REGULATIONS REQUIRE US TO ARRANGE YOUR TRANSPORTATION VIA THE COMMERCIAL TRAVEL OFFICE (CTO) USING THE DEFENSE TRAVEL SYSTEM, THIS ALLOWS THE DOD FULL REFUND FOR THE USED TICKETS, REMOVING US FROM FINANCIAL OBLIGATIONS WHEN TDY IS CANCELLED. PLEASE NOTE, SHOULD YOU ARRANGE YOUR OWN AIR TRANSPORTATION, YOU WILL BE REIMBURSED FOR THE GOVERNMENT RATE FOR OFFICIAL TRANSPORTATION, OR FOR THE COST OF THE TICKET YOU PURCHASED, WHICHEVER IS LESS. IF YOU PURCHASE A NON-REFUNDABLE TICKET AND THE EVENT IS CANCELLED, OR YOU ARE UNABLE TO ATTEND, YOU WILL NOT BE REIMBURSED FOR THE PERSONALLY PROCURED TICKETS.

TRANSPORTATION

20. MODE OF TRANSPORTATION

☐ AIR: _____

☐ I HAVE READ THE MANDATORY USE OF CTO ABOVE, AND UNDERSTAND THE LIABILITY ASSOCIATED WITH PERSONALLY PROCURING MY OWN TICKETS.

HOWEVER, I CHOOSE TO PERSONALLY PROCURE MY AIRLINE TICKETS.

☐ RAIL: _____

TRAVEL PREPARER PLEASE NOTE: DTS AUTHORIZATIONS MUST BE APPROVED 10 DAYS IN ADVANCE FOR RAIL TICKETS, RAIL TICKETS ARE PAPER TICKETS AND ARE AND MAILED TO THE USNA VIA FEDEX, THEN FORWARDED TO THE TRAVELER. PLEASE PLAN ACCORDINGLY.

☐ I HAVE READ THE MANDATORY USE OF CTO ABOVE, AND UNDERSTAND THE LIABILITY ASSOCIATED WITH PERSONALLY PROCURING MY OWN TICKETS.

☐ RENTAL CAR: _____

JUSTIFICATION FOR OTHER THEN COMPACT SIZE: _____

☐ PRIVATELY OWNED CONVEYANCE:

REMAINDER OF THE FORM TO BE FIILED BY USNA POC

21. TRANSPORTATION AMOUNT:

PER DIEM

22. LODGING:	23. M&IE:

ESTIMATED TRAVEL COST
PLEASE ENSURE THAT ESTIMATES ARE SUFFICIENT TO ACCOUNT FOR ALL EXPECTED EXPENSES.

NON MILEAGE ERXPENSES
EXPENSES FOR ITEMS NEEDED TO COMPLETE THE MISSION ARE NOT REIMBURSABLE AS TRAVEL EXPENSES. THESE INCLUDE (BUT ARE NOT LIMITED TO) EQUIPMENT AND MATERIALS (E.G. BATTERIES, TOOLS, FILM, PAPER, BOOKS, MEDICAL/COMPUTER/MUSICAL SUPPLIES) HOTEL CONCIERGE, WORKOUT ROOM/GYM FEES, AND SIMILAR ITEMS.

24. EXPENSE:	AMOUNT:	EXPENSE:	AMOUNT:	EXPENSE:	AMOUNT:
EXCESS BAGGAGE:		INTERNET ACCESS:		PUBLIC TRANSIT:	
INTERNET ACCESS:		TAXI -TAD:		PARKING - TAD:	
TAXI - AIRPORT:		TOLLS:		PARKING - AIRPORT:	
TAXI -TAD:		PVT-AUTO-TERMINAL:		HOTEL TAX:	
ATM FEES:		EXPEDITED GTCC FEE:		EXPEDITED GTCC FEE:	
OTHER:		OTHER:		OTHER:	
SUBTOTAL:		SUBTOTAL:		SUBTOTAL:	
				TOTAL:	

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CUI WHEN FILLED- PRIVACY SENSITIVE
Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties.

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PRIVATELY OWNED CONVEYANCE MILEAGE EXPENSES

25. IN AND AROUND MILEAGE:		26. TO/FROM TERMINAL:		27. TO/FROM TDY:	

ESTMATED TRAVEL COSTS:

28. TRANSPORTATION:		29. PER DIEM:		30. NON MILEAGE:		31. MILEAGE:	

32. IF DIFFERENT THAN DTS PROFILE, PLEASE PROVIDE ELECTRONIC FUNDS TRANSFER INFORMATION:

33. CHECKING ROUTING NUMBER:	34. CHECKING ACCOUNT NUMBER:

SIGNATURES
ALL SIGNATURES ARE REQUIRED BEFORE DATA IS ENTERED INTO DTS

35. EMERGENCY CONTACT NAME:	36. EMERGENCY CONTACT PHONE:

37. TRAVELER'S SIGNATURE:	38. TRAVELER'S PRINTED NAME:	39. DATE SIGNED:
40. SUPERVISOR'S SIGNATURE:	41. SUPERVISOR'S PRINTED NAME:	42. DATE SIGNED:
43. FINANCIAL MANAGER'S SIGNATURE:	44. FINANCIAL MANAGER'S PRINTED NAME:	45. DATE SIGNED:
46. DEPARTMENT HEAD'S SIGNATURE:	47. DEPARTMENT HEAD'S PRINTED NAME:	48. DATE SIGNED:

Department must contact their respective budget office to have invitational traveler's detached from the DTS 14 days after the travel voucher has been approved and paid. If you have any questions, contact travel@usna.edu.

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0703-XXXX, is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.